

Vaginal smears were Gram stained and examined for *Candida* spp, and vulval and high vaginal swabs were transported in Amies' medium and cultured on Sabouraud's medium for *Candida* spp. Patients were randomly assigned to receive either clotrimazole vaginal cream or an econazole pessary, and details of ease of insertion, leakage, and irritation due to the medication were recorded. Data on 82 patients were evaluable, 43 of whom received econazole nitrate and 39 clotrimazole. No differences in symptoms, physical examination, oral contraceptive use, or previous episodes of vaginitis were seen between the two groups at the start of the study.

The table shows the results of treatment. Using the  $\chi^2$  and Fisher's exact test, no significant differences were seen between the two treatment groups for short or long term efficacy, mycological relapse, patient acceptability, or time to resolution of symptoms, and no side effects were reported for

either medication. Econazole 250 mg as a single pessary is therefore recommended as a suitable alternative to clotrimazole in the treatment of vulvovaginal candidiasis.

*Candida* spp were typed for patients with candidal infection that persisted at the second visit and patients cured mycologically at two weeks but who experienced subsequent relapse. Seven of 10 patients with persistent infection yielded a different strain of *C. albicans* than that found initially, which suggests that persistent infection may have been caused by exposure to another infection rather than treatment failure. Of four patients cured at two weeks who experienced subsequent relapse, three yielded isolates of the same strain. The minimum inhibitory concentrations (MICs) of econazole and clotrimazole were measured for 29 isolates. The MICs of both compounds were similar, and no isolates were resistant. These results do not implicate drug resistance or species type as factors in recurrent or persistent

vulvovaginal candidiasis.

The paired vulval and vaginal swabs for *Candida* spp gave concordant results for treatment success and subsequent relapse, which casts doubt on the importance of the vulva as a source of vaginal reinfection. The need to prescribe routinely the more expensive combination treatment of vaginal and topical antifungal treatment should be questioned in the light of these data.

We thank Cilag Ltd for supporting this work.

Yours faithfully,

A J Robinson\*

J D Wilson\*

R S Spencer†

G R Kinghorn\*

Departments of \*Genitourinary Medicine and †Bacteriology, Royal Hallamshire Hospital, Glossop Road, Sheffield, S10 2JS

## Book reviews

**Unholy matrimony.** By Liz Hodgkinson. (Pp 208; bibliography and index. £9.95). London: Columbus Books, 1988 (ISBN 0-86287-421-1).

Genitourinary doctors in Western countries have long recognised that entries in hospital case notes under "marital status" increasingly bear little relevance to the true state of affairs. Mrs Hodgkinson tells us why. She sees modern marriage as outdated, irrelevant, and inappropriate. Some of the dozen reasons she cites are dealt with in detail. Though she admits that the lot of women has shown improvements recently, she claims that marriage is still a conspiracy of questionable truths, a health hazard, or a tyranny of compulsions for too many. In particular she sees the "one flesh" concept and married women's submissive role as being inseparably associated with the high divorce rate of one marriage in three. (In counselling young people contemplating marriage I nowadays suggest considering the alternative of setting up in business, for which the failure rate is only one in 10.)

Mrs Hodgkinson concludes from the evidence that marriage should be abolished by law. In its place, and after a period of discussion and thoughtful objectivity, she suggests individually negotiated contracts of "coupledom". Adequate financial support for women in the form of financial benefits and pensions, as well as payments for housework, are seen as ensuring the indepen-

dence of women and putting an end to the miseries of the married state. (Who might be called upon to pay for board and lodging and under what conditions is not considered.) She ignores or gives scant attention to some aspects of marriage, such as why it occurred spontaneously long ago in many not apparently associated societies; the views of men concerning their role in marriage; what the various forms of marriage, such as those seen in Britain's minority ethnic groups, might contribute; and the strong biological urge for many women to procreate within legally binding and secure arrangements. Saddest of all the author's blind spot is her lack of appreciation that much of the companionable cohabitation that she recommends is the way many generations of couples in most parts of the world have lived contentedly together within the marriage bond. Times have changed!

The appearance of this book coincides with many men and women reviewing their attitudes to sex and marriage in the light of the threat of human immunodeficiency virus (HIV) infection. It is therefore a well timed contribution to the health education debate. Not least, it should prompt genitourinary physicians to be more frank, honest, and precise about case note entries under "marital status".

R S Morton

**Diseases in the homosexual male.** Edited by M W Adler. (Pp. 209; £29.50.) Berlin: Springer, 1988.

This is an excellent multiauthor textbook in

the Bloomsbury Series in Clinical Science, and most of the contributors are from the University College and Middlesex School of Medicine. Eight chapters, including two on aspects of AIDS and human immunodeficiency virus (HIV) infection, describe a range of sexually transmitted diseases (STD) in homosexual men. Two further chapters deal with cultural and historical perspectives on homosexuality.

The overall standard of the contributions dealing with STD is high, and the authors have struck a balance between the general aspects of individual infections and the more specific aspects of homosexual transmission and clinical manifestations. I found the chapters on bacterial infections, hepatitis, and the epidemiology and clinical aspects of AIDS particularly well written. This book does not set out to be a guide to treatment of STD in homosexual men, and though many aspects of treatment are well covered, some are not. There are surprising omissions of any reference to scabies and pediculosis, and non-gonococcal urethritis is mentioned only briefly. It is unfortunate that, since this book was written, more evidence has emerged concerning the interaction of infections with HIV and *Treponema pallidum*. The chapters concerning the cultural and historical perspectives of homosexuality are complementary and are placed at the beginning and end of the volume. They are an important feature of the book and give it a breadth of approach that is refreshing in this field.

I recommend this volume as useful and informative to all clinicians dealing with STD in homosexual men.

C J N Lacey